

Exhibit 1:
Excerpts of Plaintiff
Interrogatory Responses
(Questions 12 and 13) relating
to alleged injuries at SCI Kitchen

Interrogatory Excerpt of Roger Thomas, D.I.158

- (9) Identify all employment you have had in the past 15 years, including the name and address of each employer, name of supervisor, dates of employment, rate of pay, job title and responsibilities, and reason for termination.

RESPONSE: Objection. This Request has no relevance to the claims outlined in the complaint.

- (10) Identify all physicians you have seen or been treated by in the past 10 years including name, office address, telephone number, dates of examination or treatment, and the medical problem involved, if any.

RESPONSE: Objection. Plaintiff claims do alleges "kitchen conditions" not personal medical problems.

- (11) Identify and describe all accidents, injuries and ailment you have had in the past 15 years, including the history of any mental illness.

RESPONSE: Objection. This Request has no relevance to allegations outlined in the complaint.

- (12) Identify in detail the precise injury or harm you allege was sustained as result of the allegation in the Complaint.

RESPONSE: The Complaint alleges the conditions in which the plaintiff was working in, "Sweatshop" type condition, low air flow, high temperatures in the summer months, and low temperatures in the winter not personal injuries.

- (13) Describe any medical treatment you received as a result of the allegation in the Complaint, Specifically addressing:

RESPONSE: See Response to Interrogatory No.12.

- (14) State whether you filed a complaint or grievance at the correction institution or with the Department of Correction about the subject matter of each and every claim in your Complaint. If so, when were they filed, with whom were they filed, and what was the response? If not, why not?

RESPONSE: Plaintiff's name was attached to the grievance that I/M George Jackson filed because we as inmates cannot file more than one grievance on a single incident.

- (15) State the total amount of compensatory damages you are claiming and the computation used to arrive at the sum.

RESPONSE: Minimum of \$100,000. For each day plaintiff had to work in ~~the~~ ~~extreme~~ heat/cold work conditions.

- (16) Either prior to or subsequent to the alleged incident(s) referred to in the Amended Complaint, have you ever suffered any injuries, illness or diseases in those portions of the body claimed by you to have been affected as alleged in the Amended Complaint? If so, state:

- a. A description of the injuries or diseases you suffered, including the date and place of occurrence;
- b. The name and addresses of all hospitals, doctors, or practitioners who rendered treatment or examination because of any such injuries or diseases.

Interrogatory Excerpt of Charles Sanders, D.I.159

RESPONSE: All medical records are in the possession of the State of Delaware and or Department of Corrections.

(12) Identify in detail the precise injury or harm you allege was sustained as result of the allegation in the Complaint.

RESPONSE: The Complaint alleges the conditions in which the plaintiff was working in, "Sweatshop "type condition, low air flow, high temperatures in the summer months, and low temperatures in the winter.

(13) Describe any medical treatment you received as a result of the allegation in the Complaint, Specifically addressing:

RESPONSE: See Response to Interrogatory No.12.

(14) State whether you filed a complaint or grievance at the correction institution or with the Department of Correction about the subject matter of each and every claim in your Complaint. If so, when were they filed, with whom were they filed, and what was the response? If not, why not?

RESPONSE: Plaintiff's name was attached to the grievance that I/M George Jackson filed because we as inmates cannot file more than one grievance on a single incident.

Interrogatory Excerpt of Roy Williamson, D.I.160

- (9) Identify all employment you have had in the past 15 years, including the name and address of each employer, name of supervisor, dates of employment, rate of pay, job title and responsibilities, and reason for termination.

RESPONSE: Objection. This request has no relevance to plaintiff's claims. (Rule 26)

- (10) Identify all physicians you have seen or been treated by in the past 10 years including name, office address, telephone number, dates of examination or treatment, and the medical problem involved, if any.

RESPONSE: All medical record is in the possession of the State of Delaware, Department of Corrections.

- (11) Identify and describe all accidents, injuries and ailment you have had in the past 15 years, including the history of any mental illness.

RESPONSE: 2nd Burn on petitioner's leg – June 2004

2nd degree burn on Plaintiff's leg - June 2004

- (12) Identify in detail the precise injury or harm you allege was sustained as result of the allegation in the Complaint.

RESPONSE: Heat exhaustion, Mental Anguish, Pain discomfort, Humiliation, Embarrassment.

- (13) Describe any medical treatment you received as a result of the allegation in the Complaint, Specifically addressing:

Interrogatory Excerpt of Jose Serpa, D.I.161

- (9) Identify all employment you have had in the past 15 years, including the name and address of each employer, name of supervisor, dates of employment, rate of pay, job title and responsibilities, and reason for termination.

RESPONSE Objection. This request has no relevance to the condictions alleged by plaintiffs claims.

- (10) Identify all physicians you have seen or been treated by in the past 10 years including name, office address, telephone number, dates of examination or treatment, and the medical problem involved, if any.

RESPONSE: Objection. This request has no relevance to the condictions alleged by plaintiffs claims.

- (11) Identify and describe all accidents, injuries and ailment you have had in the past 15 years, including the history of any mental illness.

RESPONSE: All medical records are in the possession of the State of Delaware and or Department of Corrections.

- (12) Identify in detail the precise injury or harm you allege was sustained as result of the allegation in the Complaint.

RESPONSE: The Complaint alleges the conditions in which the plaintiff was working in, "Sweatshop "type condition, low air flow, high temperatures in the summer months, and low temperatures in the winter.

(13) Describe any medical treatment you received as a result of the allegation in the Complaint, Specifically addressing:

RESPONSE: See Response to Interrogatory No.12.

(14) State whether you filed a complaint or grievance at the correction institution or with the Department of Correction about the subject matter of each and every claim in your Complaint. If so, when were they filed, with whom were they filed, and what was the response? If not, why not?

RESPONSE: Plaintiff's name was attached to the grievance that I/M George Jackson filed because we as inmates cannot file more than one grievance on a single incident.

(15) State the total amount of compensatory damages you are claiming and the computation used to arrive at the sum.

RESPONSE: Minimum of \$1000.00, for each day plaintiff had to work in the extreme heat/cold conditions.

(16) Either prior to or subsequent to the alleged incident(s) referred to in the Amended Complaint, have you ever suffered any injuries, illness or diseases in those portions of the body claimed by you to have been affected as alleged in the Amended Complaint? If so, state:

Interrogatory Excerpt of Kevin Spivey, D.I.162

RESPONSE:

None

12) Identify in detail the precise injury or harm you allege was sustained as a result of the allegations in the Complaint.

RESPONSE:

*dehydration, heat exhaustion, mental distress
humiliation. long hours of pain discomfort.*

13) Describe any medical treatment you received as a result of the allegations in the Complaint, specifically addressing:

- a. whether you requested any medical treatment at the Sussex Correctional Institution which you believe in any way resulted from the allegations in your complaint; and
- b. the date and method used for any request listed in subparagraph a. of this interrogatory.

RESPONSE:

None

14) State whether you filed a complaint or grievance at the correctional institution or with the Department of Correction about the subject matter of each and every claim in your

Interrogatory Excerpt of Roderick Brown, D.I.163

- (9) Identify all employment you have had in the past 15 years, including the name and address of each employer, name of supervisor, dates of employment, rate of pay, job title and responsibilities, and reason for termination.

RESPONSE Objection. This request has no relevance to the conductions alleged by plaintiffs claims.

- (10) Identify all physicians you have seen or been treated by in the past 10 years including name, office address, telephone number, dates of examination or treatment, and the medical problem involved, if any.

RESPONSE: Objection. This request has no relevance to the conductions alleged by plaintiffs claims.

- (11) Identify and describe all accidents, injuries and ailment you have had in the past 15 years, including the history of any mental illness.

RESPONSE: All medical records are in the possession of the State of Delaware and or Department of Corrections.

- (12) Identify in detail the precise injury or harm you allege was sustained as result of the allegation in the Complaint.

RESPONSE: The Complaint alleges the conditions in which the plaintiff was working in, "Sweatshop "type condition, low air flow, high temperatures in the summer months, and low temperatures in the winter.

(13) Describe any medical treatment you received as a result of the allegation in the Complaint, Specifically addressing:

RESPONSE: See Response to Interrogatory No.12.

(14) State whether you filed a complaint or grievance at the correction institution or with the Department of Correction about the subject matter of each and every claim in your Complaint. If so, when were they filed, with whom were they filed, and what was the response? If not, why not?

RESPONSE: Plaintiff's name was attached to the grievance that I/M George Jackson filed because we as inmates cannot file more than one grievance on a single incident.

(15) State the total amount of compensatory damages you are claiming and the computation used to arrive at the sum.

RESPONSE: Minimum of \$1000.00, for each day plaintiff had to work in the extreme heat/cold conditions.

(16) Either prior to or subsequent to the alleged incident(s) referred to in the Amended Complaint, have you ever suffered any injuries, illness or diseases in those portions of the body claimed by you to have been affected as alleged in the Amended Complaint? If so, state:

Interrogatory Excerpt of Rique Reynolds, D.I.166

RESPONSE:

Objection. I will need to obtain my medical files from DOC.

12) Identify in detail the precise injury or harm you allege was sustained as a result of the allegations in the Complaint.

RESPONSE:

Heat Exhaustion Eye Irritation Neck Ache
Mental Anguish Humiliation
Pain & Discomfort Embarrassment
Dehydration Headaches

13) Describe any medical treatment you received as a result of the allegations in the Complaint, specifically addressing:

- a. whether you requested any medical treatment at the Sussex Correctional Institution which you believe in any way resulted from the allegations in your complaint; and
- b. the date and method used for any request listed in subparagraph a. of this interrogatory.

RESPONSE:

Given time off from work.

14) State whether you filed a complaint or grievance at the correctional institution or with the Department of Correction about the subject matter of each and every claim in your

Interrogatory Excerpt of Anthony Morris, D.I.168

RESPONSE: I had a finger injury. I got a nail in my bottom of my foot. I receive many motrins.

12) Identify in detail the precise injury or harm you allege was sustained as a result of the allegations in the Complaint. ~~Objection. This Request is irrelevant to~~

RESPONSE: ~~plaintiff's claims, requests information beyond the scope of the~~ heart exhaustion, mental anguish, pain and discomfort for long hour limited use rest room. Humiliation and embarrassment.

13) Describe any medical treatment you received as a result of the allegations in the Complaint, specifically addressing:

- a. whether you requested any medical treatment at the Sussex Correctional Institution which you believe in any way resulted from the allegations in your complaint; and
- b. the date and method used for any request listed in subparagraph a. of this interrogatory.

RESPONSE: seek ~~for~~ no medical treatment other than get of work.

14) State whether you filed a complaint or grievance at the correctional institution or with the Department of Correction about the subject matter of each and every claim in your

Interrogatory Excerpt of James Johnson, D.I.169

- (9) Identify all employment you have had in the past 15 years, including the name and address of each employer, name of supervisor, dates of employment, rate of pay, job title and responsibilities, and reason for termination.

RESPONSE: Objection. This request has no relevance to plaintiff's claims. (Rule 26)

- (10) Identify all physicians you have seen or been treated by in the past 10 years including name, office address, telephone number, dates of examination or treatment, and the medical problem involved, if any.

RESPONSE: All medical record is in the possession of the State of Delaware, Department of Corrections.

- (11) Identify and describe all accidents, injuries and ailment you have had in the past 15 years, including the history of any mental illness.

RESPONSE: All medical records are in the possession of the State of Delaware and or Department of Corrections.

- (12) Identify in detail the precise injury or harm you allege was sustained as result of the allegation in the Complaint.

RESPONSE: Heat exhaustion, Mental Anguish, Pain discomfort, Humiliation, Embarrassment and Severe eye problem

- (13) Describe any medical treatment you received as a result of the allegation in the Complaint, Specifically addressing:

RESPONSE: Given time off work by medical personnel and seen by outside eye doctor.

- (14) State whether you filed a complaint or grievance at the correction institution or with the Department of Correction about the subject matter of each and every claim in your Complaint. If so, when were they filed, with whom were they filed, and what was the response? If not, why not?

RESPONSE: Inmate George Jackson filed a grievance in which my name was signed to. Because inmates are not allowed to file more than one grievance to a single incident (D.O.C.)

- (15) State the total amount of compensatory damages you are claiming and the computation used to arrive at the sum.

RESPONSE: Minimum of \$100,000, for each day plaintiff had to work in the extreme heat/cold conditions.

- (16) Either prior to or subsequent to the alleged incident(s) referred to in the Amended Complaint, have you ever suffered any injuries, illness or diseases in those portions of the body claimed by you to have been affected as alleged in the Amended Complaint? If so, state:

Interrogatory Excerpt of Timothy Malloy, D.I.170

RESPONSE: *EYE SURGERIES*

12) Identify in detail the precise injury or harm you allege was sustained as a result of the allegations in the Complaint. *severe eye irritation, heat exhaustion*

RESPONSE: *pain and discomfort, humiliation, embarrassment, working in extreme conditions of cold climate cause colds and flus.*

13) Describe any medical treatment you received as a result of the allegations in the Complaint, specifically addressing:

a. whether you requested any medical treatment at the Sussex Correctional Institution which you believe in any way resulted from the allegations in your complaint; and

b. the date and method used for any request listed in subparagraph a. of this interrogatory.

RESPONSE: *EYE SURGERY, EYE DROPS, COLD MEDICATION,
Days off work.*

14) State whether you filed a complaint or grievance at the correctional institution or with the Department of Correction about the subject matter of each and every claim in your

Interrogatory Excerpt of Frank Williams, D.I.172

- (9) Identify all employment you have had in the past 15 years, including the name and address of each employer, name of supervisor, dates of employment, rate of pay, job title and responsibilities, and reason for termination.

RESPONSE Objection. This request has no relevance to the condictions alleged by plaintiffs claims.

- (10) Identify all physicians you have seen or been treated by in the past 10 years including name, office address, telephone number, dates of examination or treatment, and the medical problem involved, if any.

RESPONSE: Objection. This request has no relevance to the condictions alleged by plaintiffs claims.

- (11) Identify and describe all accidents, injuries and ailment you have had in the past 15 years, including the history of any mental illness.

RESPONSE: All medical records are in the possession of the State of Delaware and or Department of Corrections.

- (12) Identify in detail the precise injury or harm you allege was sustained as result of the allegation in the Complaint.

RESPONSE: The Complaint alleges the conditions in which the plaintiff was working in, "Sweatshop "type condition, low air flow, high temperatures in the summer months, and low temperatures in the winter.

- (13) Describe any medical treatment you received as a result of the allegation in the Complaint, Specifically addressing:

RESPONSE: See Response to Interrogatory No.12.

- (14) State whether you filed a complaint or grievance at the correction institution or with the Department of Correction about the subject matter of each and every claim in your Complaint. If so, when were they filed, with whom were they filed, and what was the response? If not, why not?

RESPONSE: Plaintiff's name was attached to the grievance that I/M George Jackson filed because we as inmates cannot file more than one grievance on a single incident.

- (15) State the total amount of compensatory damages you are claiming and the computation used to arrive at the sum.

RESPONSE: Minimum of \$1000.00, for each day plaintiff had to work in the extreme heat/cold conditions.

- (16) Either prior to or subsequent to the alleged incident(s) referred to in the Amended Complaint, have you ever suffered any injuries, illness or diseases in those portions of the body claimed by you to have been affected as alleged in the Amended Complaint? If so, state:

Interrogatory Excerpt of Darus Young, D.I.173

RESPONSE: None

12) Identify in detail the precise injury or harm you allege was sustained as a result of the allegations in the Complaint.

RESPONSE: ~~the~~ Inflamed Asma Due to heat, Dampness, extreme fatigue, eye irritation, heat exhaustion, pain, Discomfort, humiliation embarrassment, work in extreme condit. of cold climate cause Colds & flu.

13) Describe any medical treatment you received as a result of the allegations in the Complaint, specifically addressing:

- a. whether you requested any medical treatment at the Sussex Correctional Institution which you believe in any way resulted from the allegations in your complaint; and
- b. the date and method used for any request listed in subparagraph a. of this interrogatory.

RESPONSE: Asma pump was use more
2 treatments on machine
was given a second inhaler
2 use

14) State whether you filed a complaint or grievance at the correctional institution or with the Department of Correction about the subject matter of each and every claim in your

Interrogatory Excerpt of Gilbert Williams,D.I.174

RESPONSE: OBJECTION. WOULD HAVE TO OBTAIN MEDICAL FILES FROM D.O.C.

12) Identify in detail the precise injury or harm you allege was sustained as a result of the allegations in the Complaint.

RESPONSE: HEAT EXHAUSTION, MENTAL ANGUISH, PAIN & DISCOMFORT, HUMILIATION, EMBARRASSMENT

13) Describe any medical treatment you received as a result of the allegations in the Complaint, specifically addressing:

- a. whether you requested any medical treatment at the Sussex Correctional Institution which you believe in any way resulted from the allegations in your complaint; and
- b. the date and method used for any request listed in subparagraph a. of this interrogatory.

RESPONSE: RECEIVE NO MEDICAL TREATMENT

14) State whether you filed a complaint or grievance at the correctional institution or with the Department of Correction about the subject matter of each and every claim in your

Interrogatory Excerpt of Joseph White, D.I.175

RESPONSE: Objection. This Request has no relevance to the claims outlined in the complaint.

- (10) Identify all physicians you have seen or been treated by in the past 10 years including name, office address, telephone number, dates of examination or treatment, and the medical problem involved, if any.

RESPONSE: Objection. Plaintiff claims do alleges "kitchen conditions" not personal medical problems.

- (11) Identify and describe all accidents, injuries and ailment you have had in the past 15 years, including the history of any mental illness.

RESPONSE: Objection. This request has no relevance to the claims outlined in the Complaint.

- (12) Identify in detail the precise injury or harm you allege was sustained as result of the allegation in the Complaint.

RESPONSE: The Complaint alleges the conditions in which the plaintiff was working in, "Sweatshop "type condition, low air flow, high temperatures in the summer months, and low temperatures in the winter not personal injuries.

- (13) Describe any medical treatment you received as a result of the allegation in the Complaint, Specifically addressing:

RESPONSE: See Response to Interrogatory No.12.

Interrogatory Excerpt of George Jackson, D.I.176

- (12) Identify in detail the precise injury or harm you allege was sustained as result

of the allegation in the Complaint. Constant heat exhaustion, extreme fatigue, humiliation, indignity and mental anguish for repeated complaints about the excessive heat and humidity during the summer months, and the extreme cold during the winter at the work place. Defendants would stay in the air condition/heated offices and watch the kitchen workers through the window. I also suffered eye irritation from the high levels of dusts, fumes, vapors, or gases from inadequate system.

- (13) Describe any medical treatment you received as a result of the allegation in

the Complaint, Specifically addressing:

RESPONSE: I was seen by an eye physician, who prescribed eye drops and was taking a lot of motrins for headaches.

- (14) State whether you filed a complaint or grievance at the correction institution or

with the Department of Correction about the subject matter of each and every

claim in your Complaint. If so, when were they filed, with whom were they

filed, and what was the response? If not, why not? Yes, I filed a Emergency grievance to the warden on behalf of inmate kitchen workers on July 19, 2005.

RESPONSE: and received by his office on 7/20/2005. At the R.G.C hearing, I presented a list of signatures of kitchen workers who work or had work in the kitchen. That same list was attached to the Original Complaint D.I.2. The grievance was not return or rejected by the Warden and the Inmate Grievance Chairman. Had the grievance been return, all kitchen inmates would had filed.

- (15) State the total amount of compensatory damages you are claiming and the

computation used to arrive at the sum.

RESPONSE: \$100,000.00 (One Hundred Thousand) Dollars-minimum. For irreparable damages suffered for delay/denial of a safe and healthy work environment each work day.

- (16) Either prior to or subsequent to the alleged incident(s) referred to in the

Amended Complaint, have you ever suffered any injuries, illness or diseases in

those portions of the body claimed by you to have been affected as alleged in

the Amended Complaint? If so, state:

- a. A description of the injuries or diseases you suffered, including the

date and place of occurrence;

Interrogatory Excerpt of Darwin Savage, D.I.177

RESPONSE: Sinus and eyes Problems

12) Identify in detail the precise injury or harm you allege was sustained as a result of the allegations in the Complaint.

RESPONSE: Aggravation of Sinus and eye problems
Heat exhaustion, mental anguish pain and
discomfort for long hour limited use rest room.
Humiliation and embarrassment

13) Describe any medical treatment you received as a result of the allegations in the Complaint, specifically addressing:

- a. whether you requested any medical treatment at the Sussex Correctional Institution which you believe in any way resulted from the allegations in your complaint; and
- b. the date and method used for any request listed in subparagraph a. of this interrogatory.

RESPONSE:

Seek no medical treatment other than
getting of work.

14) State whether you filed a complaint or grievance at the correctional institution or with the Department of Correction about the subject matter of each and every claim in your